

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449/PTO				Complete if Known	
				Application Number	10/533,324-Conf. #5292
				Filing Date	May 2, 2005
				First Named Inventor	Rasmus Dines Larsen
				Art Unit	1634
				Examiner Name	R. T. Crow
Sheet	1	of	2	Attorney Docket Number	
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT					

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁴
		Country Code ³ , Number ⁴ , Kind Code ⁵ (if known)				
BA	JP-05346428-A		12-27-1993	Pasteur Sanofi Diagnostics	Abstract only	

Examiner Signature	/Robert T. Crow/	Date Considered	07/29/2010
-----------------------	------------------	--------------------	------------

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /R.T.C.

NO REFERENCES THIS PAGE

PTO/SB/08b (07-09)

Approved for use through 07/31/2012. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO				<i>Complete if Known</i>	
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/533,324-Conf. #5292
				Filing Date	May 2, 2005
				First Named Inventor	Rasmus Dines Larsen
				Art Unit	1634
				Examiner Name	R. T. Crow
Sheet	2	of	2	Attorney Docket Number	HOI-13202/16

Examiner Signature	/Robert T. Crow/	Date Considered	07/29/2010
--------------------	------------------	-----------------	------------

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

NO REFERENCES THIS PAGE

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /R.T.C.